## Title I Paraprofessionals



Utah State Office of Education
Educator Licensing
Box 144200
Salt Lake City, Utah 84114-420 Educator Licensing
Box 144200
Salt Lake City, Utah 84114-4200

	Paraprofessional Signature	Date
n=>	Supervisor Signature	Date
	Human Resources Director Signature	Date

Phone 801-538-7790 Fax 801-538-7769		The requirement for paraprofession Jan 8, 2002 and to all others four			ly to thos	e nired after
Section 1 PLEASE TYPE OR PRINT LE	GIBLY in INK. If you are not	sure of how to answer a question,	please call us. Please co	mplete all sections.		
	Last Name First Name			Middle Name		
Birthdate	Gender	Ethnicity		Maiden Name		
Section 2 School Information	Section 4 – Home Address Information					
<sub>District</sub> Davis School District	Address					
School	Percentage of time	in Parapro. Assignment	City		State	Zip
YES NO Highly Qualified (please circle yes or no) Percentage of time in Other Assignments			Phone		Ext	Fax
Note: Pe Section 3 Paraprofessional Qualifications Qualifications of Paraprofessionals Title 1, Par following requrements to be "highly qualified." Please check one of the boxes below IF you ci Completed at least two years from an approximation of the boxes.	E-mail Section 5 Rigorou Name of Test		Date	Score		
hours from an accredited institution o  Obtained an associate (or higher) de		tution of higher education.				
Met a rigorous standard of quality and academic assessment, knowledge of mathematics. If you select this third b took, the date, and the score or portform.	Note: for paraprofessionals who were hired before Jan 8, 2002, and have been continously employed since then as a paraprofessional, the rigorous standard of quality can be demonstrated by passing a district portfolio review.  Portfolio Reviewer (District Approved)  Review Date					
High school diploma from which school	State	Year				